

REPLY OF THE PRESIDENT OF THE BOARD OF HEALTH TO THE  
"MEMORIAL TO THE LEGISLATURE" PUBLISHED IN THE  
NEW ORLEANS MEDICAL AND SURGICAL JOURNAL, OF  
MARCH, 1858.

MESSRS. EDITORS: I observe in the issue of your Journal for March, a Bill of Complaints filed against the Board of Health in the form of a *Memorial to the Legislature*, the whole *gravamen* of which may be reduced to the following heads: *First*, that the said Board in their Annual Report, treated with "disdainful silence" three cases of yellow fever, which occurred respectively in the months of June, July and August.

*Secondly*, That the officers of said Board had been invited to see the first case, which occurred in June, (Dominique Maillot, at the Circus Street Hospital), and that they refrained from so doing.

*Thirdly*, That the testimony upon which the Board bases its reasoning as to the origin of the fever of 1857, is untrue and falsely reported.

*Fourthly*, That the Board affirms the infectiousness of yellow fever and consequently denies its domestic origin.

I purpose as briefly as possible to examine into the character of these charges, and to see whether, in preferring them, the writer has not sought to indulge an unenviable rancour, which I shall not stoop to imitate.

As to the first accusation, that the Report of the Board treated the cases to which reference has already been made, with "disdainful silence;" I submit that there are distinct references both in the context and the mortuary records of the Report to these cases. In the former they are alluded to as cases of fever, while in the latter they are reported yellow fever. If the Board had reasons for believing the first case (that of Dominique Maillot) to be spurious, it was very proper, in endeavoring to unravel the intricate and uncertain problem of the origin of the fever, that it should avoid any allusion to it except as a doubtful case. Had it been more specifically referred to, it would have been necessary to state the grounds for the doubts, which influenced the mind of the writer of the Report. To have done this gratuitously, would have provoked the very controversy, and probably with increased petulancy, which has now arisen, and which it was desirable to have avoided. As this con-

troversy, however, has been precipitated upon the Board, I will state the grounds upon which the Report reserved its opinion, as to the genuineness of Maillott's case. It must be remarked *in limine*, that although doubt was entertained as to the true character of this case, still the benefit of the doubt was given to it, and it stands on record as a case of yellow fever. This has been the invariable practice of the Board, and if any departures from it have occurred, they have been in instances where no yellow fever being known to exist, certificates have borne the signatures of Deputy Coroners of death from this cause, unattested by a physician. In these latter instances, the Board has very properly suppressed the publication on such inadequate authority. To do otherwise would be needlessly experimenting with the fears and anxieties of the community at a season and on a subject, which every true hearted and zealous citizen views with the utmost jealousy. For, however debauched may be the temper which views yellow fever in the aspect of a positive blessing, protecting us against the inroads of Foreign or Northern hordes, by those who look to the growth of this Southern metropolis in wealth, power and commercial greatness, it is justly regarded as the direst calamity that wastes and consumes its hopes and its fortunes. There may be some who desire to deal in it as one of our summer staples, and who wish for its perpetuation as an established and traditional institution necessary to preserve our individuality of character; but the more patriotic and humane of our citizens can only see in its annual visitations a mortal blight to all the lofty aspirations which delight to scan the future, when freed from its baneful influences, we shall rise to the due proportions of our destiny as the first commercial city on this broad continent. Under a proper sense then, of the nature of its public functions, the Board has exercised a sound discretion, discriminating and suppressing unprofessional reports,\* while it has endeavored, in giving every case returned by physicians, to give them, sanctioned by the name of the reporter. I need hardly remind you, Messrs. Editors, of the many grave difficulties that surround the diagnosis of an early case of yellow fever. We are all so accustomed to see on the recurrence of our hot seasons cases of fever occupying so debatable a position between the malignant forms of remittent and yellow

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\* A Dr. Goodall reported a case of fever subsequent to that of Dominique Maillott, and it was reported pernicious or some other fever by the Secretary, who alone has charge of the mortuary records. The rule sanctioned by the Board requires that the name of the reporting physician be attached to every early case of yellow fever, so that the community may attach the importance to it that it deserves. Why it was not done in this case, the Secretary can explain, if he thinks the "tempest in the tea-pot" is not already high enough.



fever, that no one, accustomed to the differences of opinion they occasion, ever thinks it a warrantable ground to hold his neighbor amenable to public censure because he happens to differ in judgment on the merits of the case. We have agreed to differ, simply because there is no common standard to which an appeal may be referred, which would be universally true. I do not know that perfect accuracy of diagnosis is physically or pathognomonically possible in an early case. Hence it is that cautious physicians, men who think before they speak, ordinarily reserve their judgment before openly pronouncing the existence of yellow fever.

The medical annals of yellow fever not only here, but wherever it has prevailed and found an historian, abound with evidence going to show the difficulties and contrariety of opinion attendant on an early and correct recognition of the genuine type of the fever. To this doubtless, are due the many and angry controversies that compose a part of its medical history. But without reference to these, the pages of your own Journal have put on imperishable record the truth of the observations I have just made, and what is all the more note-worthy and remarkable, in connection with the name of the writer of the present memorial. I find, on reference to page 449, vol. 3, of your Journal, a case in many respects the counterpart of Dominique Maillot. For example, it was the first case of yellow fever announced in the summer of 1846; the dead body was seen by the then President of the Board of Health, as was that of Dominique Maillot by myself; a difference of opinion arose between the reporter of the case and the President of the Board of Health; a publication in one of the city papers of the character of said case followed, and a denial of the correctness of that publication. The language is so noticeable, as being a part of the history of the times, as chronicled by the medical Pepys of our day, if I may be permitted the term, in alluding to the only true chronicler yellow fever has found—one who thinks nothing too trivial for him to record, nor too insignificant for him to notice, that can be made to reflect any light on the absorbing, difficult and interesting features in its history, that I cannot forego the occasion of reproducing it. This patient, pains-taking and indefatigable chronicler writes: "The diagnosis of yellow fever in its mildest forms and with the earliest cases, is by no means an easy task. It is generally necessary to witness those symptoms, which usually attend the fatal termination. Nor is it always easy with the first one or two deaths to settle the question

satisfactorily, even with these aids. A larger number of deaths may be required to be seen before the fever assumes an unquestionable character. The first cases were *few and scattering*, and it was difficult to find two physicians who would agree as to the diagnosis of a case that strongly resembled yellow fever." He then gives the history and symptoms of the first case, and, true to his vocation of chronicler, adds: "A day or two afterwards one of the city newspapers announced the appearance of yellow fever in the city, and cited two cases, the one here reported, and another said to be under the care of Dr. Beugnot. On the following day the *Bee* contained cards from Drs. Luzenberg and Beugnot, the former dissenting altogether from Dr. Mercier in regard to his case being one of genuine yellow fever, and the latter denying positively that he had seen recently anything resembling yellow fever." But aside from this historical evidence, very well calculated to inspire me with distrust in information coming from that source; aside from the fact that I had seen the corpse of Dominique Maillot, and could trace nothing in its external revelations, that looked to my eye, like an unmistakable example of death from yellow fever, Dr. Chaillé, the associate proprietor in the Circus Street Hospital, with the writer of the *Memorial*, who saw the patient during his illness, and accompanied me to the dead-house to inspect the body, in conversing upon the case and its relations to true yellow fever, observed to me at that time, to others and to myself as recently as the 25th February, 1858, "That he did not consider it a case of genuine yellow fever, but that if it were to occur during an epidemic, it would unhesitatingly be called a case." I thought the observation very just as we looked on the corpse; I thought so when the Report of the Board of Health was written, and I still think so. Entertaining these opinions, would it not have been the most flimsy toadyism to the writer of the *Memorial*, had I surrendered them from an amiable weakness to acquiesce in his? It will be observed then, that my doubts were not single, and unsustained; that they did not entirely arise from the recorded antecedents of the Memorialist, but that they derived confirmation from one who saw the sick man in his mortal illness, and whose eye could not discern its likeness to genuine yellow fever, either when living or when dead. These were then good and valid reasons for withholding assent to the authenticity of the diagnosis in Maillot's case; yet it went forth uncontradicted as one of indigenous yellow fever. Could a fastidious or priggish taste exact more at the hands of the Board of



Health? Could it, with any show of reason, demand that in its reasonings the Board should do more than award it the only notice it was entitled to? Of the other two cases, the Board knew nothing, until they were met with on the sexton's returns as yellow fever. From Dr. Albers, who reported the case in July, the Board received only a verbal statement of the history, symptoms and autopsic appearance, and that a week after his death; so also from Dr. Lewis, the note which bears his signature was received only after Geohagan was dead and buried. In placing, then, these two latter cases in the same category with Maillot, the Board saw nothing which looked indisputably like yellow fever. Cases in every particular analogous to these are met with almost every summer, which are called alternately, yellow fever, congestive remittent fever, and even pernicious fever, according to the doctrinal notions of the observer. I have repeatedly met, during my residence here, with subjects presenting just such an assemblage of symptoms, with just such terminations, in what I am accustomed to call the malignant forms of congestive remittent fever. And what is equally true, analogous phenomena are occasionally seen over the whole of our Southern States, or at least, where paludal fevers are common, and exhibit a high grade of febrile excitement.

Is suppression of urine a characteristic and invariable symptom? Yet it was not present in Dr. Albers' case. Is the vomiting up of black vomit a characteristic symptom? Yet I have met with it in cholera, in parturition, in delirium tremens, in dry belly-ache, or what has been popularly called for a few years back, lead colic, and in measles. What, then, is the significance of all this? Simply, that there is no certain, invariable and indisputable standard to which reference can be made which will be universally applicable to every case. Beside the entire grouping of all the symptoms, the *tout ensemble* of the case, the only one known to me, is the fact that genuine yellow fever in this locality, and under the usual circumstances of our summer and autumnal weather, is never sporadic, resultless and without other cases following in quick succession. These may be few or many, according to circumstances not entirely known, if known at all. That a case can occur and die, without similar consequences of a limited or general character, is what I have never witnessed during my residence here; and what did not take place last summer when true yellow fever began to prevail. How different the results in September from those in June, July and August! Let us contrast them to show how unlike were the

phenomena. On the 26th June Maillot dies, and there is a pause of nineteen days before another death is reported, viz., Dr. Albers' case on the 16th July. From this date to the 26th of August, there is another pause of forty days, when Dr. Lewis' case is reported. During this long interval of sixty days from the death of Maillot to that of Geohagan, there is but one other case reported. So far, then as these are concerned, and as they had any appreciable influence over the health of the city, they are as if they had not happened. But how altered becomes the record when passing another interval of twenty-four days, viz., from Geohagan's death to that of Christian Miller's, on the 20th September, when, without controversy or dispute, the genuine type of yellow fever is everywhere recognized. On the week ending September 20th, there is reported one death; on that ending the 27th, there are returned seven deaths; that ending the 4th October, there are thirteen deaths; that ending on the 11th October, there are twelve deaths; that ending on the 18th, there are thirty-seven deaths, etc. The difference is at once well marked, striking and extraordinary. When we have incontestible and genuine yellow fever, it never ceases with a solitary case; but owing to its inherent properties of reduplication under propitious circumstances, it grows and diffuses itself by virtue of some inscrutable law, shared in common by it with typhus fever, pestilential dysenteries, some forms of erysipelas, and even by small-pox and scarlatina, when they prevail as epidemics. Can this be said with the same show of reason, or the same abundance of proof, of any of the other types of fever met with in this region? Of that form of remittent fever which is the most frequently confounded with it certainly no parallel can be drawn, which will meet all the exigences of the yellow fever type. Closely resembling each other as these two types do,

"Forever separate, yet forever near,"

it is questionable, at least I know no example, where in the endemic prevalence of remittent fever, you can trace out in such quick succession, its rise, progress and decline, as usually marks the course of yellow fever. And in this, quite as much as in the grouping into one whole of its several symptoms, am I inclined to look for the true pathognomonic characteristics of yellow fever. At least such has been the uniform and almost invariable results as derived from experience of its origin and spread in divers places and under



divers circumstances since 1853. There the facts are, and they speak for themselves, despite the mystifications in which they have been sought to be involved.

I have but one more observation to make before I pass to the second accusation. The Memorialist berates the Board for venturing to cast a doubt on his case, and indulges in a vast deal of virtuous indignation at this disrespectful license; yet, almost in the very breath which expresses his displeasure, he assumes the same liberty, and "gently as a cooing dove" reprimands one of the resident surgeons of the Charity Hospital for signing a certificate, typhoid fever, which he would have signed yellow fever. Hear his language: "However high may be the opinion we entertain of the young physician who signed the ticket, we cannot see here a case of typhoid fever." Verily! consistency thou art a jewel! Is it then an atrocious offence for the Board to differ from the writer of the *Memorial*, but a venial one for the Memorialist, whenever to suit his views, he chooses to dissent from that of one of the surgeons of the Charity Hospital? How stands the case? Here is a gentleman chosen for his qualifications to fill the responsible position of a medical officer to the first and noblest Institution of the State, where, as a general rule, yellow fever is earliest seen, who attends on one of its subjects to the period of her death, examines the body, and from the concurrent testimony of the symptoms during life and the morbid anatomical changes after death, has good cause for believing the case not to be one of yellow fever, and signs it according to his convictions. But in the ardent zeal of the Memorialist to produce evidence that there were other cases of yellow fever besides his own, without having seen either the patient or the dead body, and looking through the jaundiced eye of one whose mental idiosyncrasy sees in every patient with a yellow skin, in the dog-days, pathological affinities to yellow fever, a doubt is indulged and expressed of the correctness of the gentleman's opinion, and the case is dogmatically pronounced one of yellow fever. With what show of reason under these circumstances, can the Memorialist claim indulgence, and evince all that wounded sensibility because the Board extended to him the rule, which he has so inconsiderately applied to another?

But I pass to the consideration of the second accusation, to-wit: that the officers of the Board had been invited to see the case of Maillot, but that they refrained from so doing. It is true, that this

accusation is not made in these set terms, but worse than this, it is artfully insinuated. Too cautious to commit himself to a categorical affirmation, it is asked with much parade of indignant feeling, at page 245, of your last number, "Is it myself," etc.? I will relieve the writer of his disturbed fancies by submitting the following affidavits:

AFFIDAVIT OF DR. CHAILLÉ.

I hereby certify that Dr. Axson did call at the Circus Street Hospital, the day on which the *post mortem* examination was held on the body of Dominique Maillot, (a circumstance which had escaped my memory, until recalled to it by Dr. A.); that Dr. Mercier was absent, and Dr. A. was informed that the *post mortem* would not take place until after his arrival, which was usually at 12 o'clock, M.; that I gave orders to the nurse to save a portion of the black vomit; if any were found in the stomach, who, on the subsequent day, failing to furnish the black vomit, stated that there was some black fluid or matter in the stomach, but either not sufficient or not in such a condition as to be enclosed in a bottle.

STANFORD CHAILLÉ, M. D.

Sworn to and subscribed before me, February 25th, 1858.

C. M. BRADFORD, J. P.

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AFFIDAVIT OF DR. BALDWIN, SECRETARY BOARD OF HEALTH.

I hereby certify that a letter was left at the office of the Board of Health, directed to Dr. Axson, which I opened and found to be from Dr. Mercier, to this effect: "I have a patient at the Circus Street Hospital, who, if he has not yellow fever, has something much like it. Please come this afternoon and see the case." I transmitted the note to Dr. Axson. The next morning Dr. A. came to the office about 10 o'clock, A. M., and informed me that he had been to see Mercier's case of yellow fever; that the patient was dead, and that he had been informed at the Hospital that Dr. Mercier would make a *post mortem* at 12 o'clock, M.; that he (Dr. A.) could not be present, and requested me to go and witness it. I went to the Circus Street Hospital, where I arrived five minutes before 12 o'clock, M., and I remained until half-past one o'clock, P. M. Dr. Mercier did not come, nor was the *post mortem* made, while I remained. The apothecary and his student kept repeating that Dr. Mercier's hour for visiting the Hospital was 12 o'clock, M., and that something must have detained him. After waiting until, as stated before, viz., 1 o'clock, P. M., I left, thinking Dr. Mercier would not come. Fur-



ther, some weeks after this, I met Dr. Mercier in the post-office, and conversation occurring relating to this case, Dr. Mercier stated that he *now* had a case of yellow fever, about which there could be no doubt, thus implying doubt himself of the case mentioned above.

H. D. BALDWIN, M. D.

Sworn to and subscribed before me, February 25th, 1858.

C. M. BRADFORD, J. P.

From these statements, it will be seen that the writer of the Memorial might have been spared much of his querulous humor had he have been as zealous to know what the Board did, as what they were supposed to have left undone. I dismiss this topic with the single remark, that whatever were the reasons which prevented the Memorialist from visiting the Hospital at the customary hour, it would have certainly been more courteous on his part to have explained, than to have indulged the disingenuous insinuation that the officers of the Board, and myself in particular, might have seen the case, living or dead, if I had so chosen to do.

The third accusation is by far the most important, and it acquires this distinction altogether from the ill-concealed venom it seeks to hide. It is sought to be impressed on the reader in the form of a *postscript* to the *Memorial*, that the testimony upon which the reasoning of the Board turned as to the mode of the origin of the fever, is not only untrue in itself, but untruly reported, and he submits notes *without comment*, from certain parties to prove this.

The discomfiture of the Board was to be so complete by this publication, that the Memorialist, forsooth, could generously refrain from comment; could magnanimously spare a prostrate foe ! One can almost hear the complacent cachinations of the writer, as he penned these portentous words, which were, like Jove's thunderbolts, to blast the Board for all time to come. Lucky thought this ! just in the nick of time, and it suits the purpose, and does the job so well, we can imagine him to say, that I can afford to be silent;

"Can assume the God,  
Affect to nod,"

and shake not the spheres, but that villainous abomination, the Board of Health. Really, one might imagine on perusing the very solemn and measured phraseology of the postscript, that the Board had committed some awful crime, which merited indictment by the Grand Jury, too fearful to be mentioned ! too serious for comment ! And what does it all amount to ? Why, simply, that the Board re-

ported the testimony of Mrs. Rose as she gave it, and that Mrs. Rose, after being informed what she did say, declares that she speaks English so badly, she must have been misunderstood. I submit, then, Capt. Ivy's affidavit to prove that what she was understood to say by myself, she was understood also to say by Capt. Ivy :

AFFIDAVIT OF CAPT. IVY.

This is to certify that I was present with the President of the Board of Health, when the testimony of Mrs. Rose as given was reported in the Appendix to the Report; that the published statement is correct in fact and details, as narrated by her.

THOS. J. IVY.

Sworn to and subscribed before me, February 25th, 1858.

C. M. BRADFORD, J. P.

Thus far then, the correctness of the report of the testimony stands unimpeached and unimpeachable. Its truth and value as testimony is quite another matter altogether. Nowhere does the Report affirm its truth or endorse it. It speaks of it in guarded and circumspect language, as very disputable evidence, and it expresses regret that nothing more reliable, nothing more direct and to the point, and nothing more pertinent could be had. Moreover, the only use made of it was simply to show, on the hypothesis of its truth, that it might be made to explain the origin of the fever, at the moment of time when every doubt was dispelled as to its real character. It went to show that the history of yellow fever as transmitted to us by eminent observers in the early part of this nineteenth century, furnished points of analogy and comparison, similar in principle and fact, to what the Board sought to establish on the hypothesis of the truth of Mrs. Rose's testimony. And yet so simple and plain a proposition is twisted and contorted, like a ligature in the writer's hand, to suppress the truth and to staunch conjectures by which a reasonable solution of the undetected source of the fever might be discovered.

But I have already wasted more time on an issue which was entirely unnecessary where respect is had to the obvious meaning of language. This is so plain, direct and unambiguous, that one would be tempted to wonder how it could be made to mean anything else, were not the perversions of the Report too transparent



and flimsy to be misunderstood. The unskilful hand betrays too plainly the meditated purpose,

“To hint a fault and hesitate dislike,”

and shows the real aims of the Memorialist. It is sufficient that they are understood. I therefore proceed to examine into the last accusation brought by this bill of complaints against the Board of Health, which is, that the Board affirms the infectiousness of yellow fever, and consequently denies its domestic origin. Wherein lies the incompatibility between the infectiousness of yellow fever and its domestic origin, it is difficult to discover. Because a disease originates here, is it therefore necessarily non-infectious; or conversely because it is imported, is it more so in the nature of things? But unfortunately for the assertion of the Memorialist, the Board nowhere denies that yellow fever is indigenous, and it challenges the proof of a single line or paragraph in the Reports of 1856 or 1857, which will admit of such an interpretation. The whole drift of the Reports of each year aims to show that the phenomenon of the spread of yellow fever is as rationally explained on the hypothesis of its infectiousness, as on any other of the many hypotheses which have been advanced, or on all of them put together. It hinted nothing more, nor attempted anything further. If, then, the writer of the *Memorial* choose to rival the renowned Knight of La Mancha, and fight phantoms of his own creation, he may do so till “the crack of doom,” if it affords him intellectual pastime. But unless he desires his exploits to point a moral or adorn a tale, he must be heedful how he attempts to place behind his wind-mills the Board of Health, and to represent it as sustaining such unreal and fancied positions.

If the object of the Memorialist be to render odious in the public judgment the policy of the State in the establishment of quarantine, he has sadly erred in making his argument to hinge so entirely on personalities and innuendoes. The people of the State and their representatives in the Legislature, cannot fail to see the utter impotency of a cause that limps along on the feeble crutches of insinuation and misrepresentation. Quarantine may fail to prevent the introduction of yellow fever, but its failure will nowise affect the question of the infectiousness of the disease as long as the vast array of facts, which have accumulated since 1853, leave their impress on the public mind. It is confessedly a difficult task to close against its introduction all the avenues by which the fever may be

introduced, but because the difficulty is great and acknowledged, is it a sufficient reason why efforts should not be made to accomplish it ?

But, Messrs. Editors, I have already occupied more of your valuable space than this whole matter merits. If the Memorialist had confined himself strictly to argument, I should not have bothered myself with a reply. He is entitled to his opinions, and the reasons upon which those opinions rest. They are his own, and he has the unquestioned right to entertain them, be they what they may. But when, to give point to those opinions, he seeks to place the Board of Health in the attitude of a foil to them; when, to give interest to his querulousness, he represents it as doing and maintaining what it did not, and as leaving undone what it should do, the whole bearing of the question is changed, and an appeal is made to prejudice and passions, which can neither subserve the cause of truth, nor fail to defeat it by mixing up with it matters altogether foreign and repugnant to it.

Having thus shown the utter groundlessness of the charges against the Board, I take my leave of this subject with the single observation, that I have no complaint to make, if there be some in and out of the profession who may differ from the views put forth in the Report, and may contest them. Discussion, perhaps, even on so trite a subject, may elicit something more new or more true, but I submit that it must be a fair and frank discussion, exempt from mischievous innuendoes and flagrant misconceptions.

A. F. AXSON,

*President Board of Health.*